

## Case Report

# Effect of Unani medicine on irritant contact dermatitis: case study

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## ABSTRACT

Contact dermatitis is an allergic reaction of skin which occurs in response to a substance that comes in contact with surface of skin. Irritant contact dermatitis is one of the type of contact dermatitis, most frequently caused by occupational exposure either as an industrial contact or household contact. In Unani medicine, contact dermatitis has been described as an eruption on skin surface in which initially there is erythema, burning sensation followed by formation of papules along with itching on the affected site. Here we report a case study of 54 years male, working in sewage treatment plant having being diagnosed of Irritant contact dermatitis on palmer surfaces of both hands. Patient was given Unani treatment both oral as well as local and was asked for follow up every week. After 28 days of treatment patient had significant improvement with mild scales and no erythema.

**Keywords:** Allergic reaction, Contact dermatitis, Irritant contact dermatitis

## INTRODUCTION

Contact dermatitis is an allergic reaction of skin which occurs in response to a substance that comes in contact with surface of skin.<sup>1</sup> It is of two types 1. Irritant contact dermatitis 2. Allergic contact dermatitis.<sup>2</sup>

Irritant contact dermatitis is most frequently caused by occupational exposure either as an industrial contact or household contact.<sup>2,3</sup>

In Unani medicine contact dermatitis has been described thousands of years ago, defines it as an eruption on skin surface in which initially there is erythema, burning sensation followed by formation of papules along with itching on the affected site.<sup>3</sup> In Unani medicine there is no direct concept of contact dermatitis but it has been described as variant of eczema known as Chajan/Narfarsi.<sup>3</sup>

Clinical features usually consist of scaly red and fissured area appears on irritated skin. Hands are most frequently affected palmer skin and the flexure surface of the fingers are often affected but areas between the fingers and other parts of hands may also be involved. This form of contact dermatitis causes considerable soreness and irritation. Fissures make movements very difficult and effectively disable the victim. Clinically, it is categorized as acute, subacute or chronic depending upon nature of antigenic substance and degree of hypersensitivity of individual. Chronic contact dermatitis tends to develop lichenification on palms and soles, this reaction consists of erythema and fissures.<sup>2,4</sup>

## CASE REPORT

A 54 years male patient working in sewage treatment plant since 15 years came to OPD with complaint of itching, burning sensation and scaly skin on both palmer surfaces of both hands for 2 years.

No H/O DM, TB, HTN, bronchial asthma or any other chronic disease was present. H/O contact with chlorine used for chlorination of water has been marked and since then he frequently develops symptoms of severe itching, severe scaling and severe burning sensation on both palms was present.

No F/H/ of DM, TB, HTN, or allergic disease has been noted. Patient is not taking any medicine for any other ailments.



Figure 1: 1<sup>st</sup> visit.

O/E, on palmar surfaces of both hands small superficial ulcerous lesions were present with margins not raised on fingers especially on digital pulps. Fingers of both hands were swelled and yellowish discoloration possibly suggestive of subcutaneous accumulation of pus was present. Skin on both palmar surfaces was scaly in nature and multiple small fissures were present (Figure 1). Patient was given Unani treatment both oral as well as local and was asked for follow up every week.

## RESULT

On first follow up i.e. 7<sup>th</sup> day patient was feeling better, scales were moderate, ulcers were healed with little discoloration on affected sites. Moderate erythema was present with mild itching; yellow discoloration of digits was not present (Figure 2).



Figure 2: 2<sup>nd</sup> visit.

On 2<sup>nd</sup> and 3<sup>rd</sup> visit after 14 days of treatment, patient was feeling better with mild to no itching, mild scales, small fissures were present on flexure surfaces of fingers with mild erythema (Figure 3).



Figure 3: Last visit.

On last visit after 28 days, of treatment patient was feeling alright with no itching, mild scales and no erythema.

## TREATMENT

Orally- Arqi murakab mussafi khoon 3 tsf tds with water. Locally- patient was asked to keep his hands in Bargi neem, Burge Heena decoction for 15 mins once a day. After that apply paste (Zimad) of gandhak powder (sulfur) mixed with ghee was given for two weeks. After two weeks Marham-e-qooba was given locally twice daily.

## DISCUSSION

From the above results it is evident that Unani treatment for irritant contact dermatitis is very effective. *Burge heena* has known action as *Musakin* (analgesic), *Mujafif* (desiccative), *Muhalil* (anti-inflammatory). *Burge neem* has known action such as *Musakin* (analgesic) *Muhalil* (anti-inflammatory), *Dafia Tafun* (antiseptic) action.<sup>5,6</sup> *Gandhak* has known action of *Muhalil* (anti-inflammatory), *Jazib Ratoobat* (desiccative), *Qatil Jaraseem* (antiseptic), *Jaali* (detergent) and *Mujafif*.<sup>5-7</sup> *Arq-e-murakab mussafi khoon* is a compound formulation used orally as blood purifier, it has Neem as principle component which is *musakin*, *muhalil* and *dafia tafun* in nature. The other components of this formulation are mostly blood purifiers, anti-inflammatory and hepato protective etc. Marham-e-qoobah has known anti-pruritic effect.<sup>8</sup>

## CONCLUSION

From the above discussion it can be concluded that Unani medicine for irritant contact dermatitis is promising and with least side effects. Further clinical trials with large number of subjects should be carried out in order to evaluate efficacy and safety of drugs used.

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